PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								Application or Docket Number 1088 129 9-4601.10 (UTI)					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR		THAN ENTITY
TOTAL CLAIMS			23			,		RATE FEE		FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		٠ 3			X\$ 9=	-	27	OR	X\$18=	
INDEPENDENT CLAIMS			→ minus 3 =		. 0			X43=			OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT	<u> </u>			+145			•••	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		412	OR	TOTAL	
	2000			_		3	OTHER	THAN					
Ż	1-05	(Column 3)		SMAL	LE	NTITY	OR	SMALL					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	.23	Minus	· ~	2		-	X\$ 9=			OR	X\$18=	·
AME	Independent	* SENTATION OF MI	Minus	PENDENT	CLAIM	=		X43=	T		OR	X86=	
	7 11 10 7 7 71202	INTERPORT OF THE	JEIN EE DE	FLIVOLITI	CLATIVI			+145=			OR	+290=	
							L	TOTA			OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		2		X\$ 9=			OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	Ct Alaa	=	ľ	X43=	T		OR	X86=	
	11101111202	MANON OF MC	CHIPCE DE	ENDENT	CEAIN		Γ	+145=	T		OR	+290=	
		_	TOTAL			OR,	TOTAL ODIT, FEE						
		~	DUII. FEE			•	WDII. FEEL						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA	ſ	RATE	TI	ADDI- ONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	*	Minus	##			Γ	X\$ 9=	T		OR	X\$18=	
¥ .	Independent	*	Minus	a fina		=	┢	X43=	t			X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/ -	╀	(OR	700=	
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
	the "Highest Nun the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	S SPACE is I S SPACE is I	ess than less than	20, enter "20." 3, enter "3."		TOTAL DIT. FEE of in the ap	L	 -		TOTAL DDIT. FEE mn 1.	